

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90015 019 ***150.00

DOCUMENT # F00000000157

1. Entity Name
MORRISON HOMES, INC.



Principal Place of Business
**3700 MANSELL ROAD, SUITE 300
ALPHARETTA, GA 30022-8246**

Mailing Address
**3700 MANSELL ROAD, SUITE 300
ALPHARETTA, GA 30022-8246**

54007532



2. Principal Place of Business
3655 BROOKSIDE PRKWY.

3. Mailing Address
3655 BROOKSIDE PRKWY.

Suite, Apt. #, etc.
SUITE 400

Suite, Apt. #, etc.
SUITE 400

City & State
ALPHARETTA, GEORGIA

City & State
ALPHARETTA, GEORGIA

Zip
30022

Country
USA

Zip
30022

Country
USA

01202004 Chg-P CR2E034 (10/03)

4. FEI Number
31-0955379

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD CLINE, STEWART M 3700 MANSELL ROAD, SUITE 300 ALPHARETTA, GA 300228246	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HAYES, RUSSELL E 3700 MANSELL ROAD, SUITE 300 ALPHARETTA, GA 300228246	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAN STEE, BRUCE J 3700 MANSELL ROAD, SUITE 300 ALPHARETTA, GA 300228246	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR. VP 	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3655 BROOKSIDE PRKWY. STE 400 ALPHARETTA, GEORGIA 30022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3655 BROOKSIDE PRKWY. STE 400 ALPHARETTA, GEORGIA 30022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3655 BROOKSIDE PRKWY. STE 400 ALPHARETTA, GEORGIA 30022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SR. VP GREGG GOLDENBERG 450 FRANKLIN RD. STE 160 MARIETTA, GA 30067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIV. PRESIDENT MIKE STOREY 100 TAMPA OAKS BLVD. STE 100 TEMPLE TERRACE, FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP OPERATIONS/COO STEVE PARKER 3655 BROOKSIDE PRKWY STE 400 ALPHARETTA, GEORGIA 30022

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 21, 2004 770-260-8700
Date Daytime Phone #

RUSSELL E. HAYES